

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90071 004 \*\*\*\*50.00

**DOCUMENT # L03000019942**

1. Entity Name  
**JP MANDARIN, LLC**



Principal Place of Business  
**13960 MANDARIN ROAD  
JACKSONVILLE, FL 32223**

Mailing Address  
**13960 MANDARIN ROAD  
JACKSONVILLE, FL 32223**

**24057447**

2. Principal Place of Business  
**108 Kingsley Ave.**

3. Mailing Address  
**108 Kingsley Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State  
**Orange Park, FL 32073**

City & State  
**Orange Park, FL 32073**

4. FEI Number  
**74-3098951**

Applied For  
☐ Not Applicable

Zip  
**32073**

Country  
**Clay**

Zip  
**32073**

Country  
**Clay**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PADMANABHAN, JAYALAKSHMI  
13960 MANDARIN ROAD  
JACKSONVILLE, FL 32223**

**7. Name and Address of New Registered Agent**

Name  
**Padmanabhan, Jayalakshmi**

Street Address (P.O. Box Number is Not Acceptable)  
**108 Kingsley Ave.**

City  
**Orange Park**

**FL**

Zip Code  
**32073**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jayalakshmi Padmanabhan*

*April 22, 2004*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASHOK PADMANABHAN, Director  
108 KINGSLEY AVE  
ORANGE PARK FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Jayalakshmi Padmanabhan  
108 Kingsley Avenue  
Orange Park, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Jayalakshmi Padmanabhan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*April 22, 2004*

Date

Daytime Phone #